MULTIPLE DEPENDENT CLAIM								SERIAL NO. FILING DATE						
FEE CALCULATION SHEET								10/549693 APPLICANT(S)						
(FOR USE WITH FORM PTO-875)  APPLICANT(S)														
							CLAIM	S						
	AS FILED		AFTER 1"AMENDMENT		AFTER  2 MAMENDMENT		-	·	AS FILED		AFTER		AFTER  1 ** AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	
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